

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate Adrienne Wooten
 Address 511 Pinecrest Circle Jackson, MS 39204
 Telephone (601) 707-5705 Fax (601) 707-9057
 Contact Name Adrienne Wooten Email adriennehooper@yahoo.com
 Office Sought State Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....All Candidates and
Political Committees
- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------|-------------|-----------------------|
| Total amount of contributions | \$ 750.00 + \$ 675.00 | \$ 1425.00 | \$ 1425.00 |
| Total amount of disbursements | \$ 393.11 + \$ 471.19 | \$ 864.30 | \$ 864.30 |
| Total amount of cash on hand | | \$ 1770.86 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Adrienne Wooten
Signature of Candidate

1/31/2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Adrienne WootenReporting period January 28, 2010 through January 31, 2011

ITEMIZED DISBURSEMENTS

| | | |
|--|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Six Speedy</u> | <u>9/21/10</u> | \$ <u>261.61</u> |
| Mailing Address | | |
| <u>2701 N. State St.</u> | <u>10/28/10</u> | \$ <u>131.50</u> |
| City, State, Zip Code | | |
| <u>Jackson, MS 39216</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>393.11</u> |
| <u>Campaign envelopes, cards, & letterhead</u> | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |

Name of Candidate or Committee

Adrienne Woolen

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Reporting period

through

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Libal Pac | | 9/29/10 | \$ 250.00 |
| Mailing Address 702 SW 8th St. | | ___/___/___ | \$ |
| City, State, Zip Code Bentonville AR 72716-0150 | | ___/___/___ | \$ |
| Name of Employer (Required) Walmart Stores, Inc. | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 250.00 |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Tamekia Goliday | | 9/29/10 | \$ 250.00 |
| Mailing Address P.O. Box 13632 | | ___/___/___ | \$ |
| City, State, Zip Code Jackson MS 39236 | | ___/___/___ | \$ |
| Name of Employer (Required) Goliday Law Firm | | ___/___/___ | \$ |
| Occupation (Required) Attorney | | Aggregate year-to-date | \$ 250.00 |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Association | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name MS Independent Pharmacies Asse. | | 12/13/10 | \$ 250.00 |
| Mailing Address 4209 Lakeland Dr., Ste 399 | | ___/___/___ | \$ |
| City, State, Zip Code Flowood MS 39232 | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 250.00 |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | ___/___/___ | \$ |
| Mailing Address | | ___/___/___ | \$ |
| City, State, Zip Code | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |